STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use cally
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, ty is changed) over the lines	pe 12FE4M5
Managed Fund	ds Association Political Action Committee	
ADDRESS (number and	2025 M Street, NW	
(Check if address is changed)	Suite 610 Washington	DC 20036 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) mfapac@managedfunds.org L L L L L L L L L L L L L L L L L L L	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.managedfunds.org	
2. DATE 0 9	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA		
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED	(A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, co	orrect and complete
Signature of Treasurer	Electronically Filed by Marc Charon	Date 09 / 08 / 2009
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing t	
Office Use Only	For further information of Federal Election (Toll Free 800-424	commission FEC FURIN I -9530 (Revised 02/2009)